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DESCRIPTION

CURRENT LIABILITIES

200-241-11N	TAX COLLECT.PAYMUN.UTIL.
200-241-11R	TAX COLLECT.PAYMUN.UTIL.
200-242-000	ACCRUED PAYROLL
200-253-DI	DEFERRED INCOME
200-253-PGA	OTHER DEFERRED CR.
200-253-WDI	OTHER DEFERRED CREDITS
200-254-000	UNAMORTIZED INVESTMENT CR.
210-000-000	DEFERRED TAX LIABILITY

DEFERRED CREDITS

214-000-000	CAPITAL STOCK EXPENSE
216-000-000	RETAINED EARNINGS - PRIOR

LONG-TERM LIABILITIES

250-224-000	NOTES PAYABLE - ONB
250-230-000	LESS: CURRENT MATURITIES

SHAREHOLDERS EQUITY

300-201-000	COMMON CAPITOL STOCK
300-204-000	PREFERRED STOCK
300-207-000	PREMIUM CAPITAL STOCK
300-216-000	RETAINED EARNINGS - PRIOR
300-216-437	DIVIDEND DECLARED - PREFER.
300-216-438	DECLARED DIVIDEND-COMMON
300-216-439	EXTRAORDINARY DEDUCTIONS
300-217-000	REACQUIRED CAPITAL STOCK
300-217-001	REACOUIRED PREFERRED STOCK

400-000-000	OPERATING REVENUE
400-480-013	GAS USAGE - (NO-BILLS)
400-480-100	RESIDENTAL SALES
400-480-110	COMMERICAL SALES
400-480-120	INDUSTRIAL SALES
400-480-130	PUBLIC AUTHORITY SALES
400-480-140	SALES FOR RESALE
400-487-000	CUSTOMER FORFEITED DISC.
400-488-000	MISC. INCOME
400-488-100	SERICE CALLS
400-488-120	SERV. RECONNECT INCOME
400-488-12N	REV.FROM MUN.TAX COLLECT.

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400-488-12R	REV.FROM MUN.TAX COLLECT.
400-488-20C	REV.FROM MUN.TAX COLLECT.
400-489-000	REV. FROM GAS TRANSPORT.
400-495-000	
	PGA REVENUE
400-495-100	TAKE OR PAY REVENUE
400-498-000	STATE GROSS UTILITY TAX
401-499-000	GAIN/LOSS ON SALE
401-804-000	NATURAL GAS PURCHASE
401-804-100	TEXAS EASTERN
401-804-120	ENSCO
401-804-130	WOODWARD
401-804-140	EGYPTIAN GAS
401-804-200	TAKE/PAY CHARGES - NET
401-808-000	GAS WITHDRAWN FROM STORAGE
401-809-000	NATURAL GAS DELIVERED TO STORG
401-812-000	
	COMPANY USAGE
401-812-001	COMPANY GAS USAGE
401-826-000	UNDERGROUND GAS STORAGE RENT
401-856-001	"T" MAINS - LABOR
401-856-002	"T" MAINS - MATERIAL
401-856-003	"T" MAIN - TRANSPORTATION
401-856-004	"T" MAINS - OVERHEAD
401-856-T	MAINS EXPENSE
401-857-001	"T" MEAS/REG.STA - LABOR
401-857-002	"T" MEAS/REG.STAMATERIAL
401-857-003	"T" MEAS./REG. STA TRANSPRT
401-857-004	"T" MEAS./REG.STA OVERHEAD
401-857-T	MEAS. & REGULAT. STA. EXP.
401-858-T	TRANSM&COMPRESS.OF GAS BY OTH.
401-863-001	"D" MAINT. OF MAIN - LABOR
401-863-002	"D" MAINT. OF MAINS - MATERIAL
401-863-003	"D" MAINT. OF MAINS - TRANSPT.
401-863-004	"D"MAINT. OF MAINS - OVERHEAD
401-863-D	MAINT. OF MAINS
401-870-001	OPER/SUPERV/ENGLABOR
401-870-002	OPER.SUPERV/ENG MATERIAL
401-870-003	OPER/SUPERV/ENG TRANSPT.
401-870-004	OPER/SUPERV/ENG OVERHEAD
	OPER., SUPERV. & ENGINEER.
401-870-D	
401-874-001	MAINS SERV. EXP - LABOR
401-874-002	MAINS SERV. EXP MATERIAL
401-874-003	MATNO CEDU EVO EDANCOE
401-014-002	
401-874-004	MAINS SERV. EXP - OVERHEAD
401-874-004 401-874-D	MAINS SERV. EXP - OVERHEAD
401-874-D	MAINS SERV. EXP - OVERHEAD MAINS SERVICE EXP.
401-874-D 401-875-001	MAINS SERV. EXP - OVERHEAD MAINS SERVICE EXP. MEAS/REG.STA. EXP - LABOR
401-874-D 401-875-001 401-875-002	MAINS SERV. EXP - OVERHEAD MAINS SERVICE EXP. MEAS/REG.STA. EXP - LABOR MEAS./REG. STA. EXP MAT'L
401-874-D 401-875-001	MAINS SERV. EXP - OVERHEAD MAINS SERVICE EXP. MEAS/REG.STA. EXP - LABOR MEAS./REG. STA. EXP MAT'L MEAS./REG. STA. EXP TRANSPT
401-874-D 401-875-001 401-875-002 401-875-003	MAINS SERV. EXP - OVERHEAD MAINS SERVICE EXP. MEAS/REG.STA. EXP - LABOR MEAS./REG. STA. EXP MAT'L MEAS./REG. STA. EXP TRANSPT
401-874-D 401-875-001 401-875-002	MAINS SERV. EXP - OVERHEAD MAINS SERVICE EXP. MEAS/REG.STA. EXP - LABOR MEAS./REG. STA. EXP MAT'L MEAS./REG. STA. EXP TRANSPT

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401-878-001	METER/HOUSE REG. EXPLABOR
401-878-002	METER/HOUSE REG. EXP MAT'L
401-878-003	METER/HOUSE REG. EXP - TRSPT.
401-878-004	METER/HOUSE REG.EXP O'ERHD
401-878-D	METER & HOUSE REGUL. EXPENSE
401-880-001	OTHER DIST LABOR
401-880-002	OTHER DIST DRUG TESTING
401-880-003	OTHER DISTRIBUTION/MISC.
401-880-D	OTHER DISTRIBUTION
401-885-001	MAINT. SUPER./ENG LABOR
401-885-002	MAINT./SUPER/ENG MAT'L
401-885-003	MAINT.,/SUPERV./ENG TRNSPT.
401-885-004	MAINT./SUPER./ENG OVERHEAD
401-885-D	MAINT., SUPER. & ENGINEER.
401-887-001	
	MAINT. OF MAINS/LINES-LABOR
401-887-002	MAINT. OF MAINS/LINES - MAT'L
401-887-003	MAINT. OF MAINS/LINES - TRANSP
401-887-004	MAINT. OF MAINS/LINES - O'ERHD
401-887-D	MAINT. OF MAINS (LINES)
401-889-001	MAINT. MEAS/REG.STA.EQ-LABOR
401-889-002	MAINT. MEAS./REG.STA.EQMAT'L
401-889-003	MAINT.MEAS./REG.STA.EQTRSPT
401-889-004	MAINT.MEAS/REG.STA.EQO'ERHD
401-889-D	MAINT.OF MEAS.& REGUL.STA.EQU.
401-892-001	MAINT OF SERV LABOR
401-892-002	MAINT. OF SERV MAT'L
401-892-003	MAINT. OF SERV TRANSPT.
401-892-004	MAINT. OF SERV O'ERHEAD
401-892-D	MAINTENANCE OF SERVICES
401-893-001	MAINT.METER HOUSE REGLABOR
401-893-002	MAINT.METER HOUSE REGMAT'L
401-893-003	MAINT.METER HOUSE REGTRSPT
401-893-004	MAINT.METER HOUSE REGO'ERHD
401-893-D	MAINT. OF METER HOUSE REGUL.
401-901-000	SUPERVISION (CUST.ACCTG.&COLL.)
401-901-001	SUPERV./CUST.ACCTGLABOR
401-901-002	SUPERV./CUST.ACCTG MAT'L
401-901-003	SUPERV./CUST.ACCT TRSPT.
401-901-004	SUPERV./CUST.ACCTGO'ERHD
401-902-000	METER READING EXPENSE
401-902-001	METER RDG. EX LABOR
401-902-002	METER RDG.EXP MAT'L
401-902-003	METER RDG.EX TRANSPT.
401-902-004	METER RDG. EX O'ERHEAD
401-903-000	CUST.RECDS & COLLECT. EXP.
401-903-001	CUST.RECDS./COLL.EXLABOR
401-903-002	CUST.RECDS/COLL.EXP MAT'L
401-903-003	CUST.RECDS/COLL.EXP TRSPT.
401-903-004	CUST.RECDS/COLL. EXP O'ERHD
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	401-904-000	UNCOLLECTABLE ACCTS.
	401-904-100	BAD DEBTS - GAS
	401-904-110	BAD DEBTS - MERCH.
	401-911-000	
		SUPERVISION (SALES)
	401-912-000	DEMOSTRAT. & SELLING EXP.
	401-912-001	DEMO./SELLG.EXP LABOR
	401-913-000	ADVERTISING EXP.
	401-913-100	TELEPHONE ADV.
	401-913-120	OTHER ADV.
	401-920-100	ADMIN.& OFFICERS SALARIES
	401-920-101	ADMIN.&OFFICER SAL LABOR
	401-920-110	ADMIN. & GEN. OFFICE SALARIES
	401-920-200	ADMIN. & GEN. SAL. (GEN.OFF.)
	401-921-000	OFFICE SUPPLIES & EXPENSES
	401-921-000	
		BANK CHARGES
	401-921-003	SUBSCRIPTIONS
	401-921-004	BLDG.SERV.EXP
	401-921-005	COMMUNICATION EXP. (TELE, ETC
	401-921-007	MEMBERSHIP DUES, ETC.
	401-921-008	OFFICE SUPPLIES
	401-921-010	POSTAGE, PRINTING, STATIONERY
	401-921-011	MISC.EXMEALS, TRAVEL
ŀ	401-921-016	OFFICERS MEALS
t	401-921-400	GEN.OFFICE-BLDG.SERV.EXP.
	401-921-401	GEN.OFF/BLDG.SERV.EXLABOR
	401-923-000	OUTSIDE SERVICES EMPLOYED
	401-923-001	O/S SERV ACCT. SERVICE
	401-923-002	O/S SERVICES - LEGAL
	401-923-003	O/S SERVICES - ENG. SERVICES
	401-924-000	PROPERTY INSURANCE
	401-924-001	LIFE INSURANCE EXPENSE
	401-925-000	•
		EMPLOYEE BENEFITS
	401-926-001	PHONE REIMBURSEMENT
		LUNCH ALLOWANCES
	401-926-004	UNIFORMS
	401-926-010	PENSION
	401-926-011	GROUP MEDICAL
	401-926-012	GROUP LIFE INS.
	401-926-100	OTHER
	401-927-000	FRANCHISE EXPENSE
	401-928-000	REGULATORY COMMISSION EXP.
	401-928-100	
		LEGAL
	401-928-110	ACCOUNTING
	401-928-120	RATE CASE EXP.
	401-928-130	PUBLIC NOTIFICATION EXP.
	401-929-000	DUPLICATE CHARGES
	401-930-000	GENERAL MISC. EXPENSE
	401-930-001	DIRECTORS FEES

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401-930-002	PENALTIES
401-930-003	DONATIONS & MISC.
401-931-000	RENT EXPENSE
401-931-A	AUTO LEASING
403-000-000	DEPRECIATION EXPENSE
403-A -000	DEPRECIATION EXPENSE - AUTO
407-300-000	AMORTIZATION OF INVESTMENT CR.
408-1A -000	SALES & USE TAX EXP
408-1B -000	GAS REVENUE TAX
408-1C0-000	STATE & FED. UCT TAX EXPENSE
408-1E0-000	FICA EXPENSE
408-1EG-000	ENERGY ASS.ACT. EXPENSE
408-1F -000	PUBLIC UTILGROSS RECEIPTS TX
408-1G -000	FRANCHISE TAX EXPENSE
408-1H -000	INVESTED CAPITAL TAX
408-1P -000	PROPERTY TAX EXPENSE
409-110-000	FEDERAL INCOME TAX
409-120-000	ILLINOIS STATE INCOME TAX
415-000-000	REVENUE FROM MERCH.&JOBBING
415-154-000	MERCHANDISE SALES
415-155-000	JOBBING REVENUE
416-000-000	COST & EXP. OF MERCHAND.
417-000-000	INCOME FROM NON-UTIL.OPER.
417-A -000 417-B -000	INCOME-EQUALITY CONTRACT
	EXPENSE-EQUALITY CONTRACT
419-000-000	INTEREST & DIVIDEND INCOME
419-100-000	INTEREST INCOME - PGA
427-000-000	INTEREST EXP-LONG TERM DEBT
428-000-000	AMORTIZATION OF DEBT EXPENSE
428-100-000	AMORTIZATION OF '89 R/C EXP.
431-000-000	OTHER INTEREST EXPENSE
431-100-000	TEXAS EASTERN-INTEREST
431-110-000	NOTES PAYABLE- INTEREST
431-120-000	CUSTOMER DEPOSITS- INTEREST
431-130-000	PGA INTEREST
434-000-000	EARNED SUPLUS (EXTRAOR.INCOME)
434-001-000	EXTRAORDINARY ITEM-NOL CARY
437-000-000	DIVIDEND'S DECLARED-PREFERR.SK
438-000-000	DECLARED DIVIDEND - COMMON
500-000-000	INCOME TAX - CURRENT
500-001-000	INCOME TAX - DEFERRED

General Information Requirements - f) Depreciation Study

C A. Robinson - President 812-477-9030

Consumers Gas does not have a formal depreciation study.

The Kemper CPA Group calculates our depreciation on Straight Line book and ACRS/MACRS tax depreciation utilizing the following asset lives:

Decription	<u>Book</u>	<u>Tax</u>
Transmission - Struct/improv	33 yrs	15 yrs
Transmission - Mains	33 yrs	33 yrs
Transmission - Meas/Reg S Equip	33 yrs	20 yrs
Distribution - Struct/Improv	33 yrs	39.5 yrs
Distribution - Mains	33 yrs	20 yrs
Distribution - Meas/Reg S Equip	33 yrs	20 yrs
Distribution - Services	33 yrs	20 yrs
Distribution - Meters Install Reg.	33 yrs	20 yrs
Distribution - Other Equip	33 yrs	7 yrs
Distribution - House Reg.	33 yrs	20 yrs
General - Struct/Improv	33 yrs	39.5 yrs
General - Computer Equip	5 yrs	5 yrs
General - Office Equip/Furn	10 yrs	7 yrs
General - Transportation Equip	3 yrs	5 yrs
General - Tools, shop, Gar. Equip	10 yrs	7 yrs
General - Labortory Equip	33 yrs	5 yrs
General - Power Opr. Equip	10 yrs	7 yrs
General - Communication Equip	10 yrs	7 yrs
General - Trans. Other Equip	3yrs	5 yrs

NOTE: The tax life would vary depending on when the asset life began.

CONSUMERS GAS COMPANY

General Information Requirement - g) Labor Contracts

C. A. Robinson - President 812-477-9030

Consumers Gas has no labor working contracts - union nor non-union.

CONSUMERS GAS COMPANY

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General Information Requirements - h) Actuarial Report Supporting Post-retirement Benefits

C. A. Robinson - President 812-477-9030

Attached are copies of Consumers Gas' Balance Sheet and Income Statement, Employer Financial Statement, Corporate Report Participant Overview, and Form 5500 pertaining to the company's 401K Pension Plan.



BALANCE SHEET AND INCOME STATEMENT YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51389

	CUNITACI NOT 21364	
BALANCE SHEET	DEC/31/1998	DEC/31/1999
OTAL VALUE OF POOLED ACCOUNTS:	283.388.98	387,558.17
ITAL VALUE OF GUARANTEED ACCOUNTS:	1,744.12	2,145.15
TAL VALUE OF LOAN SECURITY ACCOUNTS:	0.00	0.00
OTAL ASSETS	285,133.10	389,703.32
	:======================================	***********
INCOME STATEMENT		
TAL EMPLOYER CONTRIBUTIONS		22,810.17
OTAL EMPLOYEE CONTRIBUTIONS		23,817.85
TAL FORFEITURE RE-ALLOCATIONS		0.00
OTAL TRANSFER OF ASSETS FROM PREVIOUS CARRIER(S)		0.00
OTAL INTEREST EARNED ON GUARANTEED ACCOUNTS		92.36
DTAL INTEREST EARNED ON LOAN SECURITY ACCOUNTS		0.00
ARKET VALUE ADJUSTMENTS ON GUARANTEED ACCOUNTS		0.00
NVESTMENT GAIN/LOSS FROM POOLED ACCOUNTS		62,733.75
AYMENTS TO PARTICIPANTS OR BENEFICIARIES		0.00
EEMED DISTRIBUTION OF LOANS		0.00
AYMENTS TO TRUSTEES		0.00
DRRECTIVE DISTRIBUTION OF CONTRIBUTIONS		0.00
DTAL MANULIFE CONTRACT ADMINISTRATION FEES		-4,883.91
OTAL THIRD PARTY ADMINISTRATOR SERVICE FEES		0.00
T VALUE ADDED TO CONTRACT ASSETS		194,570.22

CASH/LAST QUARTER ACCRUAL BASIS

PRODUCTION DATE(R): JAN/07/2000



BALANCE SHEET AND INCOME STATEMENT YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51384

BALANCE SHEET

DEC/31/1998

DEC/31/1999

Plan Administrator:

This report has been produced from records maintained by Manulife Financial. While every effort has been made to ensure its accuracy, we ask you to review it carefully upon receipt. If you find any discrepancy or have any questions, please contact your Client Service Representative immediately at 1-800-333-0963 or FAX (416)926-3337. Thank you.

CASH/LAST QUARTER ACCRUAL BASIS

PRODUCTION DATE(R): JAN/07/2000

Manulife Financial

EMPLOYER FINANCIAL STATEMENT YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51384

GROUP TOTALS BY MONEY TYPE AND INVESTMENT ACCOUNT

		,	MONE I III E N	10 2117001110117	***************************************		
	OPENING						CLOSING
	BALANCE		NET				BALANCE
MONEY TYPE	JAN/01/1999	CONTRIBUTION	GAIN/LOSS	FORFEITURES	WITHDRAWALS	TRANSFERS	DEC/31/1999
EE ELECTIVE	DEFERRAL						
LS-CONSERV	10,035.40	1,253.73	402.89	0.00	0.00	0.00	11,692.02
LS-MODERAT	31,081.12	7,561.24	2,972.10	0.00	0.00	0.00	41,614.46
LS-BALANCE	9,352.93	1,162.50	1,232.55	0.00	0.00	0.00	11,747.98
LS-GROWTH	9,640.32	2,346.19	2,156.48	0.00	0.00	0.00	14,142.99
LS-AGGRESS	1,883.78	351.00	542.95	0.00	0.00	0.00	2,777.73
3 YR COMP	704.58	121.50	25.23	0.00	0.00	0.00	851.31
HIQUAL BND	496.75	81.00	-20.49	0.00	0.00	0.00	557.26
HIGH-YIELD	477.69	81.00	32.23	0.00	0.00	0.00	590.92
DIVRSF CAP	3,405.52	545.19	197.40	0.00	0.90	-4,148.11	0.00
GROWTH&INC	1,181.80	167.10	18.64	0.00	0.00	0.00	1,367.54
VALUE FUND	2,756.47	479.20	187.03	0.00	0.00	0.00	3,422.70
D-CAP VAL	0.00	12.00	0.38	0.00	0.00	0.00	12.38
SM-CAP VAL	0.00	24.00	0.00	0.00	0.00	0.00	24.00
DISCOVERY	0.00	24.00	2.61	0.00	0.00	0.00	26. 6 1
INDEX STK	7,211.39	2,894.01	1,876.52	0.00	0.00	4,148.11	16,130.03
GRWTH+ STK	156.57	64.00	34.32	0.00	0.00	0.00	254.89
SELECT GRW	646.76	93.00	99.60	0.00	0.00	0.00	839.36
GROWTH OPP	663.18	93.00	17.07	0.00	0.00	0.00	773.25
CONTRA	10,369.43	2,956.50	2,742.50	0.00	0.00	0.00	16,068.43
FOREIGN	0.00	12.00	1.55	0.00	0.00	0.00	13.55
INT'L STK	9,253.95	1,262.21	3,265.67	0.00	0.00	0.00	13,781.83
MID-CAP GR	11,286.22	1,436.82	5,248.64	0.00	0.00	0.00	17,971.68
AGGR GRWTH	522.51	194.50	276.49	0.00	0.00	0.00	9 93.50
EMERG GRW	0.00	12.00	3.86	0.00	0.00	0.00	15.86
SCIENCETEC	3,355.59	566.16	3,557.33	0.00	0.00	0.00	7,479.08
DEVELP MKT	0.00	24.00	4.31	0.00	0.00	0.00	28.31
SUBTOTAL	114,481.96	23,817.85	24,877.86	0.00	0.00	0.00	163,177.67

RANSFERS includes Rollovers, Existing Balance Changes and Univested Money Transfers.



EMPLOYER FINANCIAL STATEMENT YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51304

GROUP TOTALS BY MONEY TYPE AND INVESTMENT ACCOUNT

		-	· · · · · · · · · · · · · · · · · · ·				
	OPENING						CLOSING
	BALANCE		NET				BALANCE
MONEY TYPE	JAN/01/1999	CONTRIBUTION	GAIN/LOSS	FORFEITURES	WITHDRAWALS	TRANSFERS	DEC/31/1999
EE ROLLOVER	CONT						
LS-MODERAT	35,305.18	0.00	2,959.65	0.00	0.00	0.00	38,264.83
LS-BALANCE	3,494.45	0.00	431.02	0.00	0.00	0.00	3,925.47
LS-GROWTH	176.78	0.00	33.93	0.00	0.00	0.00	210.71
SUBTOTAL	38,976.41	0.00	3,424.60	0.08	0.00	0.00	42,401.01

TRANSFERS includes Rollovers, Existing Balance Changes and Unvested Money Transfers.

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EMPLOYER FINANCIAL STATEMENT YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51384

GROUP TOTALS BY MONEY TYPE AND INVESTMENT ACCOUNT

	OPENING						CLOSING
	BALANCE		NET	•			BALANCE
MONEY TYPE	JAN/01/1999	CONTRIBUTION	GAIN/LOSS	FORFEITURES	WITHDRAWALS	TRANSFERS	DEC/31/1999
ER PROFIT SH	ARING						
LS-CONSERV	6,084.36	711.82	242.97	0.00	0.00	0.00	7,039.15
LS-MODERAT	21,022.73	3,194.34	1,918.21	0.00	0.00	0.00	26,135.28
LS-BALANCE	25,689.76	4,125.60	3,456.09	0.00	0.00	0.00	33,271.45
LS-GROWTH	18,034.23	3,244.55	3,890.53	0.00	0.00	0.00	25,169.31
LS-AGGRESS	4,743.25	687.72	1,332.34	8.00	0.00	0.00	6,763.31
3 YR COMP	1,039.54	216.19	38.11	0.00	0.00	0.00	1,293.84
HIQUAL BND	730.97	144.07	-30.28	0.00	0.00	0.00	844.76
HIGH-YIELD	702.31	144.07	47.77	0.00	0.00	0.00	894.15
DIVRSF CAP	3,575.40	181.73	180.09	0.00	0.00	-3,937.22	0.00
GROWTH&INC	1,107.00	167.10	17.29	0.00	0.00	0.00	1,291.39
VALUE FUND	3,050.33	628.04	208.76	0.00	0.00	0.00	3,887.13
D-CAP VAL	0.00	47.99	1.87	0.00	0.00	0.00	49.86
SM-CAP VAL	0.00	96.01	0.80	0.00	0.00	0.00	96.81
DISCOVERY	0.00	96.01	11.29	0.00	0.00	0.00	107.30
INDEX STK	6,802.25	1,908.49	1,704.36	0.00	0.00	3,937.22	14,352.32
GRWTH+ STK	381.78	149.77	82.92	0.00	0.00	0.00	614.47
SELECT GRW	944.93	192.06	147.56	0.00	0.00	0.00	1,284.55
GROWTH OPP	1,575.92	439.29	44.77	0.00	0.00	0.00	2 ,05 9. 98
CONTRA	11,807.22	1,898.78	2,928.46	0.00	0.00	0.00	16,634.46
FOREIGN	0.00	47.99	6.99	0.00	0.00	0.00	54.98
INT'L STK	8,292.00	1,329.72	2,972.00	0.00	8.00	0.00	12,593.72
MID-CAP GR	10,592.46	1,720.14	5,048.49	0.00	0.00	0.00	17,361.09
AGGR GRWTH	1,026.94	422.58	556.40	0.00	0.00	0.00	2,005.92
EMERG GRW	0.00	47.99	16.53	0.00	0.00	0.00	64.52
SCIENCETEC	4,471.35	871.38	4,795.54	0.00	0.00	0.00	10,138.27
DEVELP MKT	0.00	96.74	19.88	0.00	0.00	0.00	116.62
SUBTOTAL	131,674.73	22,810.17	29,639.74	0.00	0.00	0.00	184,124.64

TRANSFERS includes Rollovers, Existing Balance Changes and Unvested Money Transfers.

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Manulife Financial

EMPLOYER FINANCIAL STATEMENT YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51384

GROUP TOTALS BY MONEY TYPE AND INVESTMENT ACCOUNT

	OPENING						CLOSING
	BALANCE		NET				BALANCE
MONEY TYPE	JAN/01/1999	CONTRIBUTION	GAIN/LOSS	FORFEITURES	WITHDRAWALS	TRANSFERS	DEC/31/1999
ACCOUNT TOTA	L	·	•				
LS-CONSERV	16,119.76	1,965.55	645.86	0.00	0.00	0.00	18,731.17
LS-MODERAT	87,409.03	10,755.58	7,849.96	0.00	0.00	0.00	106,014.57
LS-BALANCE	38,537.14	5,288.10	5,119.66	0.00	0.00	0.00	48,944.90
LS-GROWTH	27,851.33	5,590.74	6,080.94	0.00	0.00	0.00	39,523.01
LS-AGGRESS	6,627.03	1,038.72	1,875.29	0.00	0.00	0.00	9,541.04
3 YR COMP	1,744.12	337.69	63.34	0.00	0.00	0.00	2,145.15
HIQUAL BND	1,227.72	225.07	-50.77	0.00	0.00	0.00	1,402.02
HIGH-YIELD	1,180.00	225.07	80.00	0.00	0.00	0.00	485.07, 1
DIVRSF CAP	6,980.92	726.92	377.49	0.00	0.00	-8,085.33	0.00
GROWTHEINC	2,288.80	334.20	35.93	0.00	0.00	0.00	2,658.93
VALUE FUND	5,806.80	1,107.24	395.79	0.00	0.00	0.00	7,309.83
D-CAP VAL	0.00	59. 9 9	2.25	0.00	0.00	0.00	62. 2 4
SM-CAP VAL	0.00	120.01	0.80	0.00	0.00	0.00	120.81
DISCOVERY	0.00	120.01	13.90	0.00	0.00	0.00	133.91
INDEX STK	14,013.64	4,802.50	3,580.88	0.00	0.00	8,085.33	30,482.35
GRWTH+ STK	538.35	213.77	117.24	0.00	0.00	0.00	869.36
SELECT GRW	1,591.69	285.06	247.16	0.00	0.00	0.00	2,123.91
GROWTH OPP	2,239.10	532.29	61.84	0.00	0.00	0.00	2,833.23
CONTRA	22,176.65	4,855.28	5,670.96	0.00	0.00	0.00	32,702.89
FOREIGN	0.00	59. 9 9	8.54	0.00	0.00	0.00	68.53
INT'L STK	17,545.95	2,591.93	6,237.67	6.00	0.00	0.00	26,375.55
MID-CAP GR	21,878.68	3,156.96	10,297.13	0.00	0.00	0.00	35,332.77
AGGR GRWTH	1,549.45	617.08	832.89	0.00	0.00	0.00	2,999.42
EMERG GRW	0.00	59.99	20.39	0.00	0.00	0.00	80.38
SCIENCETEC	7,826.94	1,437.54	8,352.87	0.00	0.00	0.00	17,617.35
DEVELP MKT	0.00	120.74	24.19	0.00	0.00	0.00	144.93
GRP TOTAL	285,133.10	46,628.02	57,942.20	0.00	0.00	0.00	389,703.32

RANSFERS includes Rollovers, Existing Balance Changes and Unvested Money Transfers.



EMPLOYER FINANCIAL STATEMENT YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51389

Plan Administrator:

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CASH/LAST QUARTER ACCRUAL BASIS

PRODUCTION DATE(R): JAN/07/2000

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EMPLOYER FINANCIAL STATEMENT YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51384

TRANSACTION SUMMARY

These items show details of the column totals on the previous page.

PA	Y PERIOD		INVESTED	
EN	D DATE	AMOUNT	DATE	COMMENTS
CONTRIB	UTION SUMMARY			
FE!	B/17/1999	\$3,259.90	FEB/17/1999	REGULAR
FE!	B/28/1999	\$3,279.51	MAR/01/1999	REGULAR
FE	B/28/1999	\$78.00	APR/13/1999	REGULAR
MAI	R/31/1999	\$5,009.37	APR/05/1999	REGULAR
API	R/05/1999	\$72.47	APR/05/1999	REGULAR
API	R/30/1999	\$3,339.11	APR/30/1999	REGULAR
MA	Y/31/1999	\$3,420.50	JUN/03/1999	REGULAR
JUI	N/30/1999	\$3,513.49	JUN/25/1999	REGULAR
JUI	L/30/1999	\$3,521.87	AUG/04/1999	REGULAR
AU	G/31/1999	\$5,365.47	SEP/09/1999	REGULAR
SE	P/27/1999	\$3,437.13	OCT/01/1999	REGULAR
OC.	T/25/1999	\$3,435.07	NOV/05/1999	REGULAR
NO	V/22/1999	\$3,517.76	NOV/30/1999	REGULAR
DEC	C/31/1999	\$5,378.37	JAN/07/2000	REGULAR
TOTAL CO	ONTRIBUTIONS	\$46,628.02	•	
WITHDRA	WAL SUMMARY			
TOTAL W	THDRAWALS	\$0.00		
TRANSFE	R SUMMARY	• • • • • • • • • • • • • • • • • • • •		



EMPLOYER FINANCIAL STATEMENT YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51384

ADDITIONAL INFORMATION

These items represent money movements between accounts.

PAY PERIOD

INVESTED

END DATE

AMOUNT DATE

COMMENTS

INTER-ACCOUNT TRANSFER SUMMARY

APR/27/1999

\$8,085.33 APR/27/1999 INTER-ACCOUNT TRANSFER FOR WARREN, CONSTANCE

TOTAL I.A. TRANSFERS

\$8,085.33

MATURITY RE-INVESTMENT SUMMARY

TOTAL RE-INVESTMENTS

\$0.00



EMPLOYER FINANCIAL STATEMENT YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

THE TRUSTEES OF CONSUMERS GAS COMPANY
RETIREMENT PLAN
CONTRACT NO: 51384

CASH ACCOUNT STATUS AS OF JAN/07/2000

TOTAL CREDIT AVAILABLE AS OF JAN/07/2000 \$0.00

TOTAL FUNDS NOT INVESTED AS OF DEC/31/1999 \$389,703.32

lan Administrator:

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CASH/LAST QUARTER ACCRUAL BASIS

PRODUCTION DATE(R): JAN/07/2000

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CORPORATE REPORT PARTICIPANT OVERVIEW FOR THE PERIOD: OCT/01/1999 TO DEC/31/1999 & YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51384

NAME AND ID NUMBER	OPENING Balance	EMPLOYEE Deposits	EMPLOYER CONTRIBUTIONS	TRANSFERS & WithDrawals	INVESTMENT EARNINGS	CHARGES	CLOSING BALANCE DEC/31/1999
		22, 002,10		" I I I I I I I I I I I I I I I I I I I	LAMMINOO	CHARGES	DEC/ 31/ 1///
BATES, JILL	Ε.						
322-48-5871	, ACTIVE						
PERIOD	5,975.58	258.30	258.30	0.00	1,005.07	-25.52	7,471.73
YTD	4,837.33	753.90	753.90	0.00	1,214.54	-87. 94	7,471.73
BRATCHER, D	ALE E.						
308-72-3016	, ACTIVE						
PERIOD	28,243.02	567.00	567.00	0.00	6,480.77	-121.60	35,736.19
YTD	24,108.59	1,671.00	1,671.00	0.00	8,713.97	-428.37	35,736.19
BRATCHER, E	DWIN B.						
404-40-2706	, ACTIVE						
PERIOD	2,347.85	0.00	255.15	0.00	493.73	-10.34	3,086.39
YTD	1,817.85	0.00	749.25	0.00	553.83	-34.54	3,086.39
BRATCHER, K	EVIN B.						
348-68-5872	, ACTIVE						
PERIOD	16,253.83	270.00	504.75	0.00	2,612.08	~ 6 8.32	19,572.34
YTD	13,704.72	810.00	1,440.75	0.00	3,859.99	-243.12	19,572.34
CRUSE, DONA	LD R.		·				
329-46-5123	, ACTIVE						
PERIOD	7,133.30	180.00	368.56	0.00	2,252.34	-32.56	9,901.64
YTD	5,169.20	520.00	1,018.36	0.00	3,298.34	-104.26	9,901.64
CULLISON, C	OLLEEN C.						
327-58-6263	, ACTIVE						
PERIOD	9,864.13	180.00	298.80	0.00	860.33	-39.69	11,163.57
YTD	8,588.26	540.00	877.20	0.00	1,304.19	-146.08	11,163.57
DITTERLINE,	CHARLES						
265-49-2177	, ACTIVE						
PERIOD	1,022.40	156.85	156.85	0.00	108.70	-4.36	1,440.44
YTD	0.00	616.73	717.67	0.00	115.77	-9.73	1,440.44

TRANSFERS includes Existing Balance Changes and Univested Money Transfers.

Manulife Financial

CORPORATE REPORT PARTICIPANT OVERVIEW FOR THE PERIOD: OCT/01/1999 TO DEC/31/1999 & YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51384

HARPER, DONALD P.	0.00 0.00	225.00				
		225.00				
352-14-2397, ACTIVE		225.00				
PERIOD 3,272.15	0.00		0.00	287.97	-13.31	3,771.81
YTD 2,729.34		660.00	0.00	430.41	-47.94	3,771.81
JORDAN, DAVID E.						
348-26-8339, ACTIVE						
PERIOD 77,095.24	2,065.50	688.50	0.00	4,650.40	-303.07	84,196.57
YTD 69,861.78	6,063.30	2,021.10	0.00	7,393.12	-1,142.73	84,196.57
MCCARTY, TERRY L.						
351-74-9995, ACTIVE						
PERIOD 789.89	90.00	326.71	0.00	191.26	-4.69	1,393.17
TD 0.00	240.00	960.65	0.00	202.30	-9.78	1,393.17
POLLARD, ROBERT E.						
347-46-5673, ACTIVE						
PERIOD 18,778.02	380.97	476.23	0.00	2,500.86	-77.42	22,058.66
YTD 16,499.62	1,133.09	1,416.40	0.00	3,290.21	-280.66	22,058.66
ROBINSON, C.A.						
437-42-3394, ACTIVE						
PERIOD 54,351.37	1,215.00	1,215.00	0.00	14,687.01	-237.98	71,230.40
YTD 47,235.33	3,558.00	3,558.00	0.00	17,695.60	-816.53	71,230.40
SAVAGE, KEVIN O.						
354-54-4047, ACTIVE						
PERIOD 11,307.67	90.00	454.50	0.00	1,984.15	-47.60	13,788.72
YTD 9,899.88	270.00	1,333.50	0.00	2,455.11	~169.77	13,788.72
SHIELDS, EUGENE J.						
461-66-5558, ACTIVE						
PERIOD 3,630.00	0.00	0.00	0.00	309.72	-14.25	3,925.47
YTD 3,494.45	0.00	. 0.00	0.00	486.29	-55.27	3,925.47

TRANSFERS includes Existing Balance Changes and Unvested Money Transfers.



Section 285.305 (h)

CORPORATE REPORT PARTICIPANT OVERVIEW FOR THE PERIOD: OCT/01/1999 TO DEC/31/1999 & YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51389

					•		CLOSING
NAME AND	OPENING	EMPLOYEE	EMPLOYER	TRANSFERS &	INVESTMENT		BALANCE
ID NUMBER	BALANCE	DEPOSITS	CONTRIBUTIONS	WITHDRAWALS	EARNINGS	CHARGES	DEC/31/199
STOKES, RO	BERT A.						
344-34-152	7, ACTIVE						
PERIOD	14,028.59	0.00	0.00	0.00	915.65	-54.54	14,889.7
YTD	13,632.87	0.00	0.00	0.00	1,470.14	-213.31	14,889.7
WARREN, CO	NSTANCE						
314-40-478	O, ACTIVE						
PERIOD	20,640.21	1,485.00	495.00	0.00	3,496.90	-88.61	26,028.5
YTD	16,553.12	4,344.19	1,448.13	0.00	3,988.04	-304.98	26,028.5
WILLIAMS,	DAWN R.						
404-13-307	O, ACTIVE						
PERIOD	15,910.12	414.72	345.60	0.00	1,815.59	-64.90	18,421.1
YTD	14,033.38	1,218.24	1,015.20	0.00	2,391.27	-236.96	18,421.1
YOUNG, BAR	BARA J.						
326-30-986	5, ACTIVE						
PERIOD	21,048.26	648.00	324.00	0.00	1,126.40	-83.03	23,063.6
YTD	18,821.78	1,900.80	950.40	0.00	1,701.14	-310.49	23,063.6
YOUNG, JEAN	NIE L.						
338-58-530	B, ACTIVE						
PERIOD	6,130.81	60.52	302.60	0.00	659.88	-25.16	7,128.6
YTD	5,228.91	178.60	893.00	8.00	919.07	-90.93	7,128.6.
ZENNER, MI	CHAEL P.						
322-34-442	8, ACTIVE						
PERIOD	10,148.11	0.00	443.92	0.00	883.29	-40.71	11,434.6
YTD	8,916.69	0.00	1,325.66	8.00	1,342.78	-150.52	11,434.6
GRAND TOTAL	 LS						
PERIOD	327,970.55	8,061.86	7,706.47	0.00	47,322.10	-1,357.66	389,703.3
YTD	285,133,10	23,817,85	22,810.17	0.00	62,826.11	-4,883.91	389,703.3

RANSFERS includes Existing Balance Changes and Unvested Money Transfers.

Section 285. 305 (h)

Manulife Financial

CORPORATE REPORT PARTICIPANT OF ERVIEW FOR THE PERIOD: OCT/01/1999 TO DEC/31/1999 & YEAR-TO-DATE: JAN/01/1999 TO DEC/31/1999

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THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN CONTRACT NO: 51384

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CASH/LAST QUARTER ACCRUAL BASIS

PRODUCTION DATE(R): JAN/07/2000

FORM 5500)

Annual Return of Fiduciary of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

Department of the Treasury
Internal Revenue Service

| File as an attachment to Form 5500 or 5500-E

Section 285.305 (h)

Official Use Only

OMB No. 1210-0110

A CONTRACT OF THE PARTY OF THE

1999

This Form is Open to Public Inspection.

Internal Revenue Service		ie as an attachment to Form	1 5500 Ot 5500-EZ.	:		
For trust calendar year 1999	or fiscal year beginning	01/01/1999	, and ending	12/31/1999		:
1a Name of trustee or cus						
C. A. Robinson						
b Number, street, and ro	om or suite no. (If a P.O.	box, see the instructions for F	orm 5500 or 5500-l	Ξ Ζ.)		
1410 N Cullen Av	e					
c City or town, state, and	ZIP code					
Evansville	IN	47716				····
2a Name of trust Consumers Gas Co	mpany Retireme	nt Plan And Trust				
b Trust's employer ident	fication number	37-063004	3			
3 Name of plan if differe	nt from name of trust					
		enefit plan(s) with the trust fin			X Yes	No
		number as shown on Form 55		37	7-0630048	
Under penalties of perjury, I complete.	declare that I have exami	ned this schedule, and to the	pest of my knowled		t, and	
Signature of fiduciary			1	Date > '7-10-00		
For the Paperwork Reduc	tion Notice and OMB C	ontrol Numbers,	v2.3	Sch	edule P (Form	5500) 1999
see the instructions for F	om 5500 or 5500-EZ.					





Form **5500**

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500. Official Use Only OMB Nos. 1210 - 0110 1210 - 0089 -

1999

This Form is Open to Public Inspection

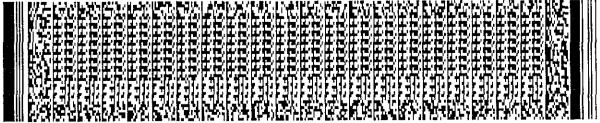
Pait Annual Report I For the calendar plan year 1999 or A This return/report is for: (1) (2)	Identification Information				
A This return/report is for: (1)		01/1999 .	and ending	12/31/1999	
	a multiemployer plan;	(3)	1 /	πρίογει plan;	
(2)	•	(4)	- 1	, , , ,	
	multiple-employer plan);	(4)			
	multiple-employer plant,				
B This return/report is: (1)	the first return/report filed for the plan	n; (3)	the final retu	rn/report filed for the plan;	
(2)	an amended return/report;	(4)	 - 	year return/report (less than	12 months).
, , <u> </u>	<u> </u>	**/	·		▶
If the plan is a collectively-bargain	e to file, check the box and attach a co				>
	mation — enter all requested info		Jilication	<u></u>	·
	IIIIation — enter all requested into	ATTICION.	1h	Three-digit	
1a N ameofplan Consumer Gas Company l	Detirement Plan		1.5	plan number (PN)	001
consumer Gas Company i	Recilement rian		10	Effective date of plan (mo.	day vr)
			10	01/01/1	
			1000		
			26	E	mbar (EINI)
,	ss (employer, if for a single-employer p	olan)	25	Employer Identification Nu 37-06300	
(Address should include room or	r suite no.)		<u> </u>		
Consumer Gas Company			2c	Sponsor's telephone numb 812-477-90	
			10.0		
			2d	Business code (see instru 2212	
1410 N G-31 7			600000	2210	
1410 N Cullen Ave					
		•			
		T11 47716			
Evansville		IN 47716			
Caution: A penalty for the late or inco	omplete filing of this return/report will b	oe assessed unless rea	isonable cause is	s established.	
Under penalties of perjury and ott schedules, statements and attachmen	her penalties set forth in the instruction nts, and to the best of my knowledge a	ns, I declare that I have and belief, it is true, cor	e examined this right and comple	eturn/report, including accom ete.	рапунід
Signature of plan administra	ator Date	Typed or prir	ited name of indi	vidual signing as plan admin	strator
		_ 			
Signature of employer/plan spon	sor/DFE Date	Typed or printed name of	of individual signing a	s employer, plan sponsor or DFE as	applicable n 5500 (1999)

Section 285.305 (h)

•	Form 5500 (1999)	Page 2	
			Official Use Only
Вa	Plan administrator's trame and address (If same as plan sponsor, enter "Same")	3b Administr	ator's EIN
SA	AME		
		3c Administr	rator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, er	iter the name.	b EIN
	EIN and the plan number from the last return/report below:		
а			C PN
5	Preparer information (optional) a Name (including firm name, if applicable) and address		b EIN
			G. Telephone De
			C Telephone no.
6	Total number of participants at the beginning of the plan year		6 20
7	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c,		
а			7a 19
b			7b 0
C			7c 1
d	• • • • • • • • • • • • • • • • • • • •		7d 20
e			7e 0 20
† \ ~	All 1 at a 1 signal with any or holonous as of the and of the plan year (only defined contribution by		
9	complete this item)		7g 20
h	Number of participants that terminated employment during the plan year with accrued benefits that were		
• •	100% vested		7h 0
i	If any participant(s) separated from service with a deferred vested benefit, enter the number of separate	d	
	participants required to be reported on a Schedule SSA (Form 5500)	<u> </u>	7i 0
8	Benefits provided under the plan (complete 8a through 8c, as applicable)		
а	X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension Characteristics Codes (printed in the instructions)); 2e 2g 2j 3e	on feature codes	from the List of Plan
	Characteristics Codes (printed in the instructions)): 2e 2g 2j 3e Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare	feature codes fro	om the List of Plan
Į.	Characteristics Codes (printed in the instructions)):		
c	Fringe benefits (check this box if the plan provides fringe benefits)		
9a	Plan funding arrangement (check all that apply) 9b Plan benefit arrange	ment (check all th	nat apply)
	(1) X Insurance (1) X Insurance		
	(2) Section 412(i) insurance contracts (2) Section 412	(i) insurance con	tracts
	(6)		
_	(4) General assets of the sponsor (4) General ass	ets of the sponso)r
	(2) Section 412(i) insurance contracts (2) Section 412 (3) X Trust (3) X Trust	(i) insurance consets of the sponso	
ı			

Section 285.305 (h) Form 5500 (1999) Page 3 Official Use Only Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.) Pension Benefit Schedules Financial Schedules (1)(Retirement Plan Information) (1)(Financial Information) Χ (2)Τ (Qualified Pension Plan Coverage Information) (2) 1 (Financial Information -- Small Plan) If a Schedule T is not attached because the plan (3) (Insurance Information) (4) is relying on coverage testing information for a (Service Provider Information) prior year, enter the year 0.0 D (5) (DFÉ/Participating Plan Information) (3) (6) G (Financial Transaction Schedules) В (Actuarial Information) (4) (ESOP Annual Information) (7) (Trust Fiduciary Information) (5) SSA (Separated Vested Participant Information) Fringe Benefit Schedule

(Fringe Benefit Plan Annual Information)





Section 285.305 (h)

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

File as an attachment to Form 5500.

Insurance companies are required to provide this information

Official Use Only

OMB No. 1210-0110

1999

This Form is Open to Public Inspection

	ranty Corporation		pursuant to ERISA	t to ERISA section 103(a)(2).		ublic Inspection
For the calendar year	1999 or fiscal	plan year beginning	01/01/1999	and ending	12/31/1999	
A Name of plan					B Three-digit	
Consumer Gas	Company	Retirement H	Plan		plan number	001
•		on line 2a of Form 55	600			ification Number 0630048
Consumer Gas						0630048
				erage, Fees, and Con		
			separate Schedule A. Indi	vidual contracts grouped as a	unit in Parts II and III	can be
report	ed on a single	Schedule A.				<u> </u>
1 Coverage:						
			(a) Name of insura	nce carrier		
Manulife Fir	ancial S	Services				
Manulife Fir	nancial S	ervices				
Manulife Fir	nancial S	Services				
Manulife Fir	1		or (e) Appro	eximate number of persons	Palicy o	r contract year
Manulife Fir	(c) NAIC code	ervices (d) Contract		oximate number of persons and of policy or contract year	Policy o	r contract year
	(c) NAIC	(d) Contract				(g) To
(b) EIN 01-0233346	(c) NAIC code	(d) Contract identification num	mber covered at e	end of policy or contract year	(f) From	(g) To
(b) EIN 01-0233346	(c) NAIC code	(d) Contract identification num		end of policy or contract year	(f) From	(g) To
(b) EIN 01-0233346	(c) NAIC code	(d) Contract identification num	mber covered at e	end of policy or contract year	(f) From	(g) To
(b) EIN 01-0233346	(c) NAIC code -0-	(d) Contract identification num	nber covered at e	end of policy or contract year	(f) From	(g) To
(b) EIN 01-0233346	(c) NAIC code -0-	(d) Contract identification num 51384 ns paid to agents, brok	nber covered at e	20	(f) From 01/01/1999	(g) To





Page 2

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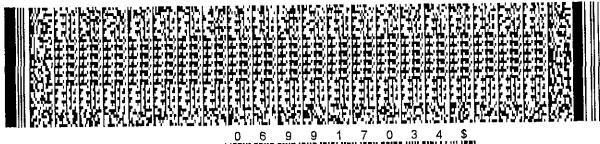
200 - 1000

	(a) Name and persons to v	address of the agents, brokers or other whom commissions or fees were paid	
Advanced Financial Pla	nning Corp.		
5038 Thoroughbred Lane	:		
Brentwood	TN	37027	
(b) Amount of		Fees paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
3,143		See attached schedule	
	(a) Name and persons to v	address of the agents, brokers or other whom commissions or fees were paid	
			(e)
(b) Amount of		Fees paid	Organization
(b) Amount or commissions paid	(c) Amount	(d) Purpose	
	(c) Amount		Organization
	(a) Name and		Organization
	(a) Name and	(d) Purpose	Organization
commissions paid	(a) Name and	(d) Purpose	Organization code
	(a) Name and	(d) Purpose I address of the agents, brokers or other whom commissions or fees were paid	Organization code





Part II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. Current value of plan's interest under this contract in the general account at year end Current value of plan's interest under this contract in separate accounts at year end Contracts With Allocated Funds State the basis of premium rates Premiums paid to carrier Premiums due but unpaid at the end of the year If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount Specify nature of costs Type of contract Type of contra	Schedule A (Form 5500) 1999	Page 3	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. 3 Current value of plan's interest under this contract in the general account at year end 4 Current value of plan's interest under this contract in separate accounts at year end 5 Contracts With Allocated Funds a State the basis of premium rates b Premiums paid to carrier c Premiums due but unpaid at the end of the year d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount Specify nature of costs e Type of contract (1) individual policies (2) group deferred annuity (3) other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here Contracts With Unalicated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract (1) deposit administration (2) immediate participation guarantee b Balance at the end of the previous year c Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account (5) Other (specify below) (6) Total additions d Total of balance and additions (add b and c (6)).	ouncests : I for the second se		Official Use Only
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(6) Total additions			
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d Total of balance and additions (add b and c (6)) e Deductions:	/// T.1-1-1-1/1/		
e Deductions:			
(1) DISDU(Sed (IDII) IDIID (U DAY DELICITIES OF DUTCHASE Afficiates during year ,			
(2) Administration charge made by carrier	• •		
(3) Transferred to separate account	• •		
(4) Other (specify below)	• •		
(4) Other (specify below)	(4) Other (specify below)		
(5) Total deductions	(E) Total dodustions	<u>-</u>	
f Balance at the end of the current year (subtract e (5) from d)			
I Dalance at the end of the current year (Subtract & (S) from a /	Dalance at the end of the current year (substact - e (o) from a)		





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Schedule	ΑI	(Form	5500	199

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Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7	Benefit and contract type (check all applicable boxes) a Health (other than dental or vision) b Dental c Vision Temporary disability (accident and sickness) f Long-term disability g Supplemental unemploym j HMO contract k PPO contract	ent h Prescription drug
8	Experience-rated contracts	
a	Premiums: (1) Amount received	1
	(2) Increase (decrease) in amount due but unpaid	1
	(3) Increase (decrease) in unearned premium reserve	
	(4) Earned ((1) + (2) - (3))	
b	Benefit charges: (1) Claims paid	1
	(2) Increase (decrease) in claim reserves	
	(3) Incurred claims (add (1) and (2))	
	(4) Claims charged	
С	Remainder of premium: (1) Retention charges (on an accrual basis)	
	(A) Commissions	4
	(B) Administrative service or other fees	-{
	(C) Other specific acquisition costs	4
	(D) Other expenses	4
	(E) Taxes	-
	(F) Charges for risks or other contingencies	1
	(G) Other retention charges	
	(H) Total retention	
	(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
þ	Status of policyfloider reserves at end of year. (1) Amount field to provide best time to the first term of the first te	
	(2) Claim reserves	
	(3) Other reserves	
<u>e</u>		
9	Nonexperience-rated contracts: Total premiums or subscription charges paid to carrier	
a	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition	
þ	or retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
	Specify nature of costs	
	Specify rigitate of costs	





EUO MOUNTE OUT

Manulife Financial

Savings & Retirement Services, NT4 P.O. Box 600 Buffalo NY 14201-0600

JANUARY 7, 2000

Plan Administrator
THE TRUSTEES OF CONSUMERS GAS COMPANY
RETIREMENT PLAN
1410 N. CULLEN AVENUE
P.O. BOX 5269
EVANSVILLE IN 47715

Dear Plan Administrator:

INFORMATION & SUGGESTIONS FOR COMPLETING SCHEDULE A
OF YOUR ANNUAL REPORT FILING

We are pleased to supply you with information you will need to complete the Schedule A Insurance Form. Schedule A must be attached to Form 5500, 5500-C/R, or 5500-EZ for every defined contribution or defined benefit plan which provides any benefits under a contract with an insurance company.

The attached statement reflects the status of your Group Annuity contract with us at the end of the reporting year. If the activity reflected on this statement is for a period other than your plan year, the attached information must be retained and reflected on the Schedule A Form filed for the plan year in which the contract reporting year ended. No attempt should be made to balance these figures on Form 5500-C/R or 5500-EZ.

Please note that your plan is exempt from filing Schedule A information if it is one of the following plans:

A church plan which has chosen not to be covered by the participation and vesting rules of ERISA. A plan complying with Workers' Compensation, Unemployment Insurance or Disability Insurance laws.

If your plan is one of the above, please disregard the attached information.

As in all technical matters, we recommend that you seek professional assistance in your Annual Report filing. The Schedule A Information Form must be filed with the Internal Revenue Service within 7 months following the end of the plan year. If you have any questions please contact your Client Service Representative at 1-800-333-0963 or forward your questions via Fax no. (416)926-3337.

The Schedule A is reported on Accrual basis.

INFORMATION REQUIRED TO COMPLETE SCHEDULE A

FOR CONTRACT # 51384 THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN

The following information reflects the status of your group annuity contract at the end of the reporting year. It reports what has occurred during the reporting year. The Schedule A information below is prepared on an accrual basis. This information will not balance with information reported on Form 5500 5500-C/R or 5500EZ, if your 5500 Form is prepared on a different accounting basis than your statements.

A. Name of Insurance Carrier: Manulife Financial (USA)

Manulife EIN:

01-0233346

B. Number of participants covered under the contract on DEC/31/1999: 20

C. Reporting year: JAN/01/1999 to DEC/31/1999

D. Name of agents, brokers or other persons to whom commissions or fees — Amount Of Commissions

were paid:

Paid:

ADVANCED FINANCIAL PLANNING CO

\$3142.60

E. Contract Assets at the end of the previous contract year:

(i) In guaranteed accounts \$1744.12
(ii) In pooled/separate accounts \$283388.98

(iii) In loan security accounts \$0.00

Total \$285133.10

F. Type of Contract: Guaranteed Interest

ADDITIONS TO GUARANTEED (NON-SEPARATE) ACCOUNTS

6. Contributions deposited during the reporting year with payments

deposited or credits applicable to the current reporting year: \$297.93

Contributions deposited after the reporting year but applicable to this reporting year: \$39.76

Total \$337.69

H. Interest credited to guaranteed accounts during the reporting year: \$92.36

I. Funds transferred from pooled/separate accounts to guaranteed accounts: \$0.00

Manulife Financial

J. Other	· additions	ţΩ	guaranteed	accounts:
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(i) Amount of positive market value adjustment

\$0.00

(ii) Loan Repayments

\$0.00

K. Total additions (sum of Items G through J):

\$430.05

DEDUCTIONS FROM GUARANTEED (NON-SEPARATE) ACCOUNTS:

L. Disbursed from guaranteed accounts for:

(i)	Plan Withdrawals	\$0.00
(ii)	Participant Loans	\$0.00
(iii)	Cash account as unvested money	\$0.00
(iv)	A new Manulife contract	\$0.00

Total \$0.00

M. Fees deducted from guaranteed accounts for:

(i) Contract administration fees	\$29.02
(ii) Third Party Administrator fees	\$0.00
(iii) Loan Adjustments	\$0.00

Total \$29.02

N. Funds transferred or deposited to pooled/separate accounts:

\$0.00

O. Amount of negative market value adjustment to guaranteed account(s):

\$0.00

P. Total deductions from guaranteed accounts (sum of Items L through 0):

\$29.02

Q. Contract Assets at the end of the current reporting year:

(i) In guaranteed accounts	\$2145.15
(ii) In pooled/separate accounts	\$387558.17
(iii) In Loan Security Accounts	\$0.00

Total \$389703.32

We hereby certify that this statement is accurate to the best of our knowledge.

If you have any questions, please call your Client Service Representative at 1-800-333-0963 or forward your questions via Fax No. (416)926-3337.

Accrual

Production Date(R): JAN/07/2000



Savings & Retirement Services, NT4 P.O. Box 600 Buffalo NY 14201-0600

JANUARY 7, 2000

Dear Plan Administrator:

Re: STATEMENT OF ASSETS AND LIABILITIES OF THE POOLED ACCOUNTS OF THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.)

In accordance with Regulation 2520.103-5 of the Department of Labor, we must provide you with a certified statement each year reflecting the following information:

- (i) the total of all assets and liabilities of each pooled account into which you have deposited money (second column on the attached report), and
- (ii) the value of your contract's units in the pooled accounts (fourth column on the attached report).

The attached statement shows the appropriate pooled account values as of December 31, 1999 (our most recent fiscal year). This statement must be attached to your plan's 1999 Form 5500 series filing.

If you have any questions, please call your Service Representative at 1-800-333-0963 or forward your questions via Fax no. (416)926-3337.



STATEMENT OF ASSETS AND LIABILITIES OF

THE POOLED ACCOUNTS OF THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.)

FOR CONTRACT # 51384 THE TRUSTEES OF CONSUMERS GAS COMPANY

RETIREMENT PLAN

MONEY INVESTED AS OF DECEMBER 31, 1999

Pooled Accounts	Tota	life Financial USA al Pooled Accounts ts and Liabilities*	THE TRUSTEES OF CON RETIREMENT PLAN Total No of Units	
Lifestyle-Conservative	\$	156931902.08	166.714619	\$ 18508.55
Lifestyle-Moderate	\$	212474912.12	1008.272470	\$ 104769.71
Lifestyle-Balanced	\$	744350392.96	354.736452	\$ 48324.80
Lifestyle-Growth	\$	1026443864.14	172.300696	\$ 38865.30
Lifestyle-Aggressive	\$	450834174.39	35.014372	\$ 9425.04
Money Market Fund	\$	500566356.56	.800900	\$ 0.00
Short-Term Government Fund	\$	45871586.49	.000000	\$ 0.00
Total Return Fund	\$	2184924.57	.000000	\$ 0.00
High-Quality Bond Fund	\$	106351680.97	10.715021	\$ 1375.55
Income Fund	\$	84935072.71	. 000000	\$ 0.00
High-Yield Fund	\$	132311022.14	77.862254	\$ 1458.60
High Yield Bond Fund	\$	6703.23	.000000	\$ 0.00
Balanced Select Fund	\$	430934.01	.000000	\$ 0.00
Diversified Capital Fund	\$	97299533.52	.000000	\$ 0.00
Balanced Fund	\$	193492294.54	.000000	\$ 0.00
Equity Income Fund	\$	22599707.31	.000000	\$ 0.00
Growth & Income Fund	\$	291161333.01	70.426056	\$ 2621.13
Dividend & Growth Fund	\$	14797775.25	.000000	\$ 0.00
Value Fund	\$	71978423.22	342.002134	\$ 7182.81
Mid-Cap Value Fund	\$	86135675.32	.899545	\$ 55.28
Mid-Cap Equity Fund	\$	75876504.44	.00000	\$ 0.00
Small-Cap Value Fund	\$	49504849.52	2.786849	\$ 106.88
Discovery Fund	\$	57274418.67	4.285119	\$ 119.98
Index 500 Stock Fund	\$	209.37	.000000	\$ 0.00
Index Stock Fund	\$	627323953.04	40.794596	\$ 29851.62
Socially Responsible Fund	\$	154658282.12	.000000	\$ 0.00

*Assets = Liabilities

Note: this report does not reflect transactions processed after December 31, 1999 Cash Basis



STATEMENT OF ASSETS AND LIABILITIES OF
THE POOLED ACCOUNTS OF THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.)
FOR CONTRACT # 51384 · THE TRUSTEES OF CONSUMERS GAS COMPANY

RETIREMENT PLAN

MONEY INVESTED AS OF DECEMBER 31, 1999

	ife Financial USA I Pooled Accounts	THE TRUSTEES OF CON	ISUMERS G	AS COMPANY
Pooled Accounts	s and Liabilities*		То	tal Value
Capital Growth Stock Fund	\$ 211175458.63	.000000	\$	0.00
Growth Plus Stock Fund	\$ 377068071.47	5.379330	\$	844.41
Selective Growth Stock Fund	\$ 107355912.41	18.168256	\$	2090.48
Growth Opportunities Fund	\$ 567972522.50	41.503666	\$	2771.74
Large-Cap Equity Fund	\$ 44882949.36	.000000	\$	0.00
Value & Restructuring Fund	\$ 20977575.86	.000800	\$	0.00
Contra Fund	\$ 573367476.86	323.529512	\$	32149.84
Growth Fund	\$ 84377973.36	.000000	\$	0.00
Select Twenty Fund	\$ 85516282.74	.000000	\$	0.00
Foreign Fund	\$ 139827755.06	3.786811	\$	61.57
International Stock Fund	\$ 178229616.63	1073.379604	\$	26079.96
Overseas Fund	\$ 4264787.16	.000000	\$	0.00
Enterprise Fund	\$ 70648146.63	.000000	\$	0.00
Mid-Cap Growth Fund	\$ 166189560.17	691.015516	\$	34973.73
Small Company Stock Fund	\$ 48570663.31	.000000	\$	0.00
Small-Cap Growth Fund	\$ 15361823.38	.000000	\$	0.00
Aggressive Growth Fund	\$ 140723614.81	81.185296	\$	2927.28
Emerging Growth Stock Fund	\$ 139462264.87	.086978	\$	73.42
Science & Technology Fund	\$ 935202588.66	183.108218	\$	17450.99
Developing Markets Fund	\$ 29257972.51	7.387421	\$	130.89
MLI Pinn Lifestyle-Conserv	\$ 13735395.35	.000000	\$	0.00
MLI Pinn Lifestyle-Moderate	\$ 17725064.05	.000000	\$	0.00
MLI Pinn Lifestyle-Balanced	\$ 76704097.28	.000000	\$	0.00
MLI Pinn Lifestyle-Growth	\$ 69216569.40	.000000	\$	0.00
MLI Pinn Lifestyle-Aggressive	\$ 26253218.91	.000000	\$	0.00
MLI Pinn Money Market Fund	\$ 51945674.66	.000000	\$	0.00

*Assets = Liabilities

Manulife Financial

STATEMENT OF ASSETS AND LIABILITIES OF

THE POOLED ACCOUNTS OF THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.) FOR CONTRACT # 51384 THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN

MONEY INVESTED AS OF DECEMBER 31, 1999

		ife Financial USA			
Pooled Accounts		L Pooled Accounts s and Liabilities*	RETIREMENT PLAN Total No of Units	Tot	al Value
MLI Pinn U.S. Government Secs	\$	29029538.49	.000000	\$	0.00
MLI Pinn Diversified Bond Fund	\$	1151874.72	.000000	\$	0.00
MLI Pinn Investment Qual Bond	\$	533372.79	.000000	\$	0.00
MLI Pinn Total Return Fund		525116.76	.000000	\$	0.00
MLI Pinn Global Bond Fund			.000000	\$	0.00
MLI Pinn Strategic Bond	\$	20672107.81	.000000	\$	0.00
NLI Pinn Kigh-Yield	\$	5566374.20	.000000	\$	0.00
MLI Pinn Balanced		7337163.94	.000000	\$	0.00
MLI Pinn Income & Value Fund	\$	1589857.99	.000000	\$	0.00
MLI Pinn Equity-Income	\$	28683250.34	. 000000	\$	0.00
MLI Pinn U.S. Large Cap Value	\$	9169947.46	.000000	\$	0.00
MLI Pinn Growth & Income Fund	\$	12845637.68	.000000	\$	0.00
MLI Pinn Value	\$	4301977.31	.000000	\$	0.00
MLI Pinn Real Estate Secs	\$	3106484.79	.000000	\$	0.00
MLI Pinn Blue Chip Growth	\$	66326873.03	.000000	\$	0.00
MLI Pinn Quantitative Equity	\$	4328056.89	.000000	\$	0.00
MLI Pinn Large-Cap Growth Fund	\$	6224582.96	.000000	\$	0.00
MLI Pinn Growth	\$	29042253.13	.000000	\$	0.00
MLI Pinn Global Equity	\$	28239988.38	.000000	\$	0.00
MLI Pinn Small Company Value	\$	3211823.82	.000000	\$	0.00
MLI Pinn Mid Cap Blend	\$	35600887.63	.000000	\$	0.00
MLI Pinn International Value	\$	6816346.72	. 000000	\$	0.00
MLI Pinn International Stock	\$	4724797.64	.000000	\$	0.00
MLI Pinn Overseas Fund	\$	1832620.26	. 000000	\$	0.00
MLI Pinn Mid-Cap Stock Fund	\$	2404280.34	.000000	\$	0.00
MLI Pinn Hid-Cap Growth Fund	\$	5635719.67	. 000000	\$	0.00

*Assets = Liabilities

STATEMENT OF ASSETS AND LIABILITIES OF

THE POOLED ACCOUNTS OF THE MANUFACTURERS LIFE INSURANCE COMPANY (U.S.A.)

FOR CONTRACT # 51384 THE TRUSTEES OF CONSUMERS GAS COMPANY

RETIREMENT PLAN

MONEY INVESTED AS OF DECEMBER 31, 1999

	Manulife Financial USA Total Pooled Accounts Assets and Liabilities*		THE TRUSTEES OF CONSUMERS GAS COMPANY RETIREMENT PLAN					
Pooled Accounts			Total No of Units		Total Value			
			~~					
MLI Pinn Small Company Blend	\$	671777.18	.000000	\$	0.00			
MLI Pinn Emerging Small Co	\$	16956824.43	.000000	\$	0.00			
MLI Pinn Aggressive Growth	\$	7385633.73	. 000000	\$	0.00			
MLI Pinn Intl Small Cap	\$	3455689.53	. 000000	\$	0.00			
MLI Pinn Science & Technology	\$	90609446.29	.00000	\$	0.00			
MLI Pinn Pac Rim Emerg Markets	\$	1394235.40	. 000000	\$	0.00			
Personal Brokerage Account	\$	0.00	.000000	\$	0.00			

***Assets = Liabilities**

I hereby certify that this statement, given pursuant to 29 CFR 2520.103-5(c), is complete and accurate.

din o'milly

Jim O'Malley Senior Vice President, US Group Pensions

THIS STATEMENT MUST BE ATTACHED TO YOUR 1999 5500 SERIES FILING.

Production Date(R): JAN/07/2000

SCHEDULE D (Form 5500)

Department of the Treasury Internal Revenue Service

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

Official Use Only

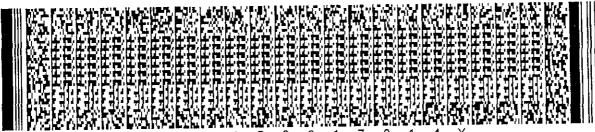
OMB No. 1210-0110

1999

File as an attachment to Form 5500.

This Form is Open to Public Inspection

Pension and Welfare Benefits Administration For colondar plan year 1999 or fiscal plan year beginning 01/01/1999	and ending 12/31/1999
For Cateridal plan year 1355 or 115521 plan year beginning	and ending ±273171999 B Three-digit
A Name of plan or DFE	plan number > 001
Consumer Gas Company Retirement Plan	D Employer Identification Number
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 Consumer Gas Company	37-0630048
Part Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (t	o be completed by plans and DFEs)
Partial illinitiation on interests in wither color, to destand to the least	
(a) Name of MTIA, CCT, PSA, or 103-121E Manulife Financial ARA Contract	·
(b) Name of sponsor of entity listed in (a) Manulife Financial Services	
Dollar value of interest in N	ITIA, CCT, PSA,
(c) EIN-PN 01-0233346-000 (d) Entity code P (e) or 103-12IE at end of year	(see instructions) 389,703
() N () (NTIA COT DOA == 402.4015	
(a) Name of MTIA, CCT, PSA, or 103-12IE	
(b) Name of sponsor of entity listed in (a)	
Dollar value of interest in N	ITIA CCT. PSA.
(c) EiN-PN (d) Entity code (e) or 103-12IE at end of year	(see instructions)
)	
(a) Name of MTIA, CCT, PSA, or 103-12IE	
(b) Name of sponsor of entity listed in (a)	
(b) Name of sponsor of entity listed in (a) Dollar value of interest in (a)	
(c) EIN-PN (d) Entity code (e) or 103-12/E at end of year	(see instructions)
(6) 2.114.11	
(a) Name of MTIA, CCT, PSA, or 103-12IE	
(b) Name of sponsor of entity listed in (a)	
Dollar value of interest in I	VITIA, CCT, PSA,
(c) EIN-PN (d) Entity code (e) or 103-12IE at end of year	(See Hott doubtle)
For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for	Form 5500. V2.3 Schedule D (Form 5500) 199
For Paperwork Reduction Act Notice and Only Combo Hambers,	





SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

Pension Benefit Guaranty Corporation

Financial Information -- Small Plan

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

File as an attachment to Form 5500.

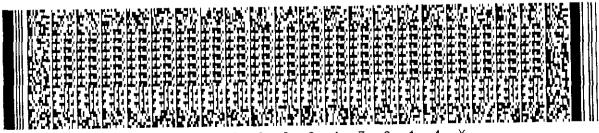
Official Use Only

OMB No. 1210-0110

1999

This Form is Open to Public Inspection.

	07.707.73.000			10/:	21/100	a	•		
For c	alendar year 1999 or fiscal plan year beginning 01/01/1999		and ending				<u> </u>		
	lame of plan		E		ee-digit		001		
Con	sumer Gas Company Retirement Plan				n number				
C F	Plan sponsor's name as shown on line 2a of Form 5500) Em			ation Number		
	sumer Gas Company						630048		
Com	plete Schedule I if the plan covered fewer than 100 participants as of the begi	nning of t	he plan year. You ma	y also	complete	Sched	ule I if you		
are fi	ling as a small plan under the 80-120 participant rule (see instructions). Comp	olete Sch	edule H if reporting as	s a lar	ge plan or	DFE.			
Pa	rt I Small Plan Financial Information								
value pay a	ort below the current value of assets and liabilities, income, expenses, transfer of plan assets held in more than one trust. Do not enter the value of the portion aspecific dollar benefit at a future date. Include all income and expenses of the payments/receipts to/from insurance carriers. Round off amounts to the income and expenses.	on oi an ii e plan inc	nsurance contract the duding any trust(s) or	ı. yuai	antees at	ពលទីខាត	is bian Acai 10		
1	Plan Assets and Liabilities:		(a) Beginning of Year			(b) End of Year			
ı а	Total pian assets	1a		285,133			389,703		
b	Total plan liabilities	1b	0			0			
C	Net plan assets (subtract line 1b from line 1a)	1c	285,133			389,703			
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount				(b) Total		
a	Contributions received or receivable								
~	(1) Employers	2a(1)	22,810						
	(2) Participants	2a(2)	23,818						
	(3) Others (including rollovers)	2a(3)	0						
b	Noncash contributions	2b		0					
~	Other income	2c	57	57,942					
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2 <u>d</u>					104,570		
e	Benefits paid (including direct rollovers)	2e		0					
f	Corrective distributions (see instructions)	2f		C	- 200				
g	Certain deemed distributions of participant loans (see instructions)	2g							
h	Other expenses	2h)				
i	Total expenses (add lines 2e, 2f, 2g, and 2h)	2 i			L		0		
i	Net income (loss) (subtract line 2i from line 2d)	<u>2j</u>					104,570		
, k	Net transfers	2k			1		0		
3	Specific Assets: If the plan held any assets in one or more of the following end of the plan year. Allocate the value of the plan's interest in a commingler line-by-line basis unless the trust meets one of the specific exceptions described.	i trust coi	ntaining the assets of		7 7	urrent v plan on	 		
_	line-ny-line basis unless the trast meets one of the spectric exceptions described.			Yes			Amount		
a.	Partnership/joint venture interests		<u>3a</u>	ļ	X				
b	Employer real property		3b	1	X				
For	Panerwork Reduction Act Notice and OMB Control Numbers, see t	he Instru	ctions for Form 550)O. \	v2.3	Sched	ule I (Form 5500) 1999		



For Paperwork Reduction Act Notice and OMB Control Numbers,



	Schedule I (Form 5500) 1999	Pag	e 2		
				,	Official Use Only
			Yes	No	Amount
3с	Real estate (other than employer real property)	3c		Х	
d	Employer securities	3d		Х	
е	Participant loans	3e		X	
f	Loans (other than to participants)	3f		Х	
a	Tangible personal property	3q		Х	
	Transactions During Plan Year				
4	During the plan year:		Yes	No	Amount
а	Did the employer fail to transmit to the plan any participant contributions within the maximum				
	time period described in 29 CFR 2510.3-102? (See instructions)	4a		Х	
h	Were any loans by the plan or fixed income obligations due the plan in default as of the		*		
_	close of the plan year or classified during the year as uncollectible? Disregard participant				
	loans secured by the participants' account balance	4b		Х	
С	Were any leases to which the plan was a party in default or classified during the year as				
٠	uncollectible?	4c		Х	
d	Did the plan engage in any nonexempt transaction with any party-in-interest?	4d		Х	
e	Was the pian covered by a fidelity bond?	4e	Х		50,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was		22.25		
•	caused by fraud or dishonesty?	4f		Х	
~	Did the plan hold any assets whose current value was neither readily determinable on an	880,888	(S) (S) (S)	0.000	
g	established market nor set by an independent third party appraiser?	4a		Х	
h	Did the plan receive any noncash contributions whose value was neither readily				
h	determinable on an established market nor set by an independent third party appraiser?	4h		Х	
	Did the plan at any time hold 20% or more of its assets in any single security, debt,	*****	288.087	0.00010	
ı		4i		X	
	mortgage, parcel of real estate, or partnership/joint venture interest? Were all the plan assets either distributed to participants or beneficiaries, transferred to				
J	another plan, or brought under the control of the PBGC?	4i	. (X	
5 b	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), were transferred. (See instructions.) 5b(1) Name of plan(s) 5b(2) E		he pla	n(s) to	5b(3) PN(s)
			The state of the s		
l					

CONSUMERS GAS COMPANY

ICC Docket 00-Section 285.305

General Information Requirements - i) Private Letter Ruling Received From the Internal Revenue Service

C. A. Robinson - President 812-477-9030

Consumers Gas has had no private letter rulings from the IRS since the Order in Docket 92--283.

CONSUMERS GAS COMPANY

ICC Docket 00-Section 285.305

General Information Requirement - j) <u>List of any Reports or Studies</u>

<u>Prepared by outside Consultants or Analysts during the last three year.</u>

C. A. Robinson - President 812-477-9030

There have been no Reports or Studies by outside consultants or analysts within the last three years.

General Information Requirements - k) Filings Other than Froms 10-K, 8-K and 100 filed with the SEC

C. A. Robinson - President

Consumers Gas has made no filings with the SEC during the last three years.

General <u>Information Requirements - l) Most Recent Presentation to Securities Analysts</u>

C. A. Robinson - President 812-477-9030

Consumers Gas is a privately held corporation and therefore make no presentations to security analysts.

General Information Requirements - m) <u>Most Recent Annual Report to Shareholders</u> and <u>Statistical Supplements</u>

C. A. Robinson - President 812-477-9030

Attached is a copy of Consumers Annual Report for year ended December 31, 1999.